

939

THE



INDEXED

110117

Dinsdale

J. W.

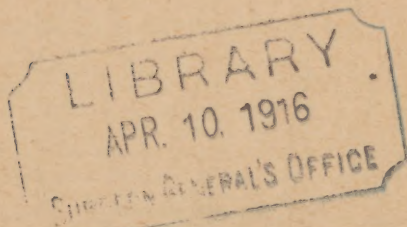
LIBRARY
JAN 10 1916
FBI PHOENIX OFFICE

IS
CATARACT
CURABLE ?

BY

J. W. DINSDALE, M. D.,
Chicago, Ill., and
Indianapolis, Ind.,

IS CATARACT CURABLE?



J. W. DINSDALE, M. D.,

CHICAGO, ILL.

1898

Copyrighted 1899,
By J. W. DINSDALE, M. D.,
Chicago, Ill.

Printed by H. NISLIE, 5703 Cottage Grove av., Chicago

THE Ideal Hearing Restorer



PATENT
APPLIED
FOR



THE above cut illustrates the method of using my HEARING RESTORER, and will materially assist in a correct understanding of its uses and operation.

In the treatment of deafness, I have perfected a system depending upon stimulation of the middle ear, in a manner analogous to what is known as *mechanical massage*, when applied to other portions of the body. I proceed upon the theory that a large percentage of the cases of deafness are caused by a stiffening of the delicately connected chains of bones of the middle ear, constituting a species of ankylosis. In the same way as an ankylosed knee joint needs constant working and bending to restore it to its normal flexibility, and cause re-absorption of all except the normal synovial fluid.

So the joints of the malleus, the incus and the stapes of the middle ear, need a constant, strong, steady vibration or movement to restore them to their normal flexibility, and cause re-absorption of the inflammatory deposits; this action destroying false tissues, and bringing new blood (which is life) to these affected and stagnant parts.

(OVER)

"THE IDEAL EAR RESTORER."

For Applying Scientific Massage to the Ears
for the Cure of DEAFNESS AND
TINNITUS AURIUM.

THE IDEAL EAR RESTORER was inspired while consulting a prominent Oculist and Aurist, concerning the advantages of "My Improved Sight Restorer."

Since the introduction of the "EAR RESTORER," absolute results have been received with the above Instrument in Tinnitus Aurium, Otitis Media, Catarrhalis Chronica, in case of adhesive process in the middle ear, or Otitis Media Catarrhalis, and in some forms of Sclerosis. It is also the opinion of several prominent Aurists that benefit can be obtained in cases of Chronic Labyrinthitis or early atrophy of the auditory nerve.

The inhalation magnifies the sound of vibration; if the ear pieces or rubber tubing are placed tightly in the ear, will start up a vibration of the ear drum, thus relieving the effects of adhesions between the drum membrane, ossicles and promontory. The Instrument is very simple in construction and CANNOT POSSIBLY get out of order.

DIRECTIONS FOR THE USE OF THE ABOVE INSTRUMENT:

Sittings to last 5 to 10 minutes, which ever time is most agreeable to patient.

PRICE OF COMPLETE INSTRUMENT \$5.00.

Manufactured only by the Inventor.

Address,

DR. J. WATERLOO DINSDALE, CHICAGO, ILL.
Branch Office, INDIANAPOLIS, IND., U. S. A.

IS CATARACT CURABLE ?

—BY—

J. W. DINSDALE, M. D.,

Oculist,

CHICAGO, ILL. and INDIANAPOLIS, IND.

In presenting to the public original ideas practically demonstrated by direct appeal to their reasoning faculties, by telling them some plain truths in regard to the causes of abnormal conditions of vision and disease, which are often brought about by resorting to artificial aids to take the place of the muscles of accommodation, and which are the cause of rapid failure of eyesight, I am liable to bring down upon me the anger of the old foggy who will not advance in the lines of science, and who will not willingly permit the advance of others.

The specialist, after years of research and practical study, often finds a cure for diseases heretofore pronounced incurable. The old foggy doctor says that there should be laws passed to protect them against specialists. The people have never demanded such a law. Under the present method of treating eyes, not only are our school children becoming confined to the use of glasses as well as their parents, but they often find their eyesight rapidly failing them. Is it not about time to apply to the specialist to find a cure for the cause of defective vision, and a cure for dis-

eased eyes? The use of glasses to correct congenital defects of vision restores the eyesight to a normal condition, and the same glasses are worn with great relief to the eyes for years, and often during life without change, while glasses used to artificially relieve the muscles from performing their natural functions when overtaxed or weakened soon ruin the best of eyes and stronger glasses become necessary to keep pace with the rapidly failing eyesight.

It is a well-known fact among oculists that many of the so-called successful operations in a short time prove a failure when the eyes are diseased. In the past, upon discovering cataracts, the patient was told to wait until blind, then to undergo the operation with all the risk, and its perhaps horrible consequences. Is it to be wondered at, that when cataracts can be in every case absorbed while in the incipient stage without waiting to be blind, it proves a boon to the afflicted? Still, with all the proof of what this treatment has done, hundreds will not even try a treatment which is safe, and in no case can do harm, but prefer to go blind and wait for an operation. Here we find the old saying true, "There are none so blind as those that will not see."

No person can expect to restore sight without first using that which will bring back to the individual a normal condition of the eye in all its varied ramifications. By relying upon Nature and stimulating her action with rational assistance we achieve a perfect cure.

Several years ago I became greatly in-

terested in cases of incipient cataracts which were absorbed by applying my "Sight Restorer" and cataract lotion and continuing the treatment until the whole eyeball was completely suffused and the tears flowed freely. This treatment was kept up daily until the opacities disappeared. Then followed other cases of incipient cataract and immature cataract, with varying results, the failures often being traceable to other complications, disease often having weakened the blood vessels to such an extent that they failed to throw off with sufficient force the blood which had been brought to bear upon the opacities by counter-irritation, making the absorption process slow.

The Restorer, a scientific massager and agent, will, I found, stimulate into action the nerve centers and assist in bringing about a quick reaction when the eyes had been suffused by counter-irritation, making the absorption of cataracts more rapid. The nerves form carriers of electricity from the brain through the spine and over all parts of the body. These electric currents are the motors which move the blood into circulation. When this current becomes broken that particular part of the body becomes congested. The name for any disease only applies to the part which is in a congested condition, and relief is found in establishing the life-giving currents which have been broken. When the eyes or other parts of the body fail to get the necessary nutrition the nerves and muscles soon become weak and the eyesight, often acting

in sympathy, becomes more or less impaired, and can only be relieved by reviving the circulation, which not only furnishes the nutrition to restore diseased or weakened organs to a healthy condition, but will absorb all abnormal substances which may be forming. A treatment which strikes at the cause of disease not only cures diseases of the eyes, said to be incurable, but gives new life and vigor unknown to hundreds who have come under our treatment, afflicted with all forms of nervous diseases.

In treating diseased eyes, like all other diseases, no time should be lost; the longer the disease is allowed to run the more doubtful and the longer it takes to bring about a cure. If patients would submit themselves to a course of treatment not one-third as long as the diseased eye troubles were coming on, nearly every case could be cured. Chronic diseases require chronic treatment if a cure is to be expected. When eyes that are being overtaxed become weak they should have immediate attention and scientific treatment, which brings about a complete change of secretion and gives the eyes new life and strength to continue on with the work which often has to be done. In all diseases of the eyes the knife should be the last resort. While our treatment restores eyesight to a greater number than the knife, there is no attending risk; this gives the patient another chance, which is indeed a boon to all mankind, for who can face blindness and not pray for another chance to recover their eyesight?

In treating diseases of the eye, as well as all

other diseases, the best results are obtained when the patient can be kept in a hopeful and passive mood. There are so many so-called friends who will, if the disease is not cured in the time they believe the cure should be made, in most cases, discourage the patient and even advise the patient to stop treatment, which would result in their becoming blind, just because they believe a cure should be made in less time. Hundreds have lost their eyesight by listening to parties who condemn everything they know nothing about and will not investigate and find out the truth.

Any physician in good standing to-day has full knowledge of the absorption of cataract, as it is acknowledged by both schools of medicine, and he who denies this either exposes his ignorance or willfully denies the truth, and his attention should be called to this article copied from "New York Medical Record." If any practitioner denies this fact his advice cannot be relied upon.

The following extracts were taken from articles to be found in the New York Medical Record, pp. 341 to 343 and 685 to 688, 1890, and read in the New York Academy of Medicine March 17, 1890, and before the Medical Society of the County of New York, November 24, 1890. The writer says (p. 341):

"Instead of premising this paper by an historical sketch, which would only be a review of what has already been published on this subject and is known to you, allow me to state briefly what brought about the investigation of this exceedingly interesting

subject. In an old treatise on cataract Ma-jendie is credited with quoting Gondret as stating that, eventually, lenticular opacity will be cured by absorption, and the dangers incident to an operation avoided. Once having noticed this, it surprised me to observe how often its repetition occurred in the writings of that period; but a search of the literature failed to throw any additional light on the subject, or give any clew to a plan of treatment. * * *

"After devoting considerable time to research, it seemed to me that the solution of the problem of the cure of cataract without operation would depend upon the reply to these two questions:

"1. Since non-traumatic cataract depends upon an interference with, or deficient nourishment of, the lens, how can an additional supply of nutrient material be furnished to the intra-ocular structures?

"2. How can a remedy possessing solvent or discutient powers be brought into relation with the lens so that it may exert its power and cause absorption or dissipation of the opacity present in the lens?

"The first requisite could be gained by any means which would bring about an increased blood supply to the inner structures of the eyeball, and the most feasible plan seemed to be properly applied manipulation. The second requirement, which may be called the therapeutical element, seemed almost impossible of solution. * * *

"In a paper read before the Section on Ophthalmology of the New York Academy of

Medicine, on March 17, 1890. I announced my discovery of the method of curing cataract without the use of the knife. Before that announcement was made the only method known was to wait till the cataract became ripe, which necessitated that the patients become blind, or nearly so, before anything could be done to relieve them, and even then from forty to sixty per cent of those operated upon proved unsuccessful, incurable blindness being the ultimate result. Nor is this all. I have this winter seen two cases which had been operated upon more than a year ago. 'A perfect success,' the surgeon said. For about six months the sight was fairly good, then the 'second' operation, needling, was called for, and since this was done sight has been very much reduced, and an inflamed eye, painful in the extreme, has resulted in each case. As these two so-called successful cases have terminated so badly, may we not assume that others, primarily successful, were secondarily the reverse? In light of this I deem it opportune to again call the attention of the profession to the unvarying and permanent success attending the employment of my plan of treatment in uncomplicated, immature cataract.

"My conclusions are: 1. Further investigations are necessary before a decided opinion can be expressed as to the result of this treatment in mature cataract. 2. Immature, uncomplicated cataract can be benefited to the re-acquisition of reading power—that is, to good, useful vision. 3. Incipient cataracts and those which have but passed into a state

of immaturity can be entirely absorbed. 4. This being so, the sooner a cataract comes under treatment the better the result obtained. 5. The effect produced by my method of manipulation, conjoined with instillation, is permanent."

That this question may be answered in the affirmative we shall prove by the testimony of oculists and physicians, and our own experience, who have successfully accomplished this result.

The removal of a cataract is not a cure. For, however successful the operation may be, the eye is minus its crystalline lens, its power of accommodation is totally lost, and it is always in danger of secondary affections. Surely a treatment which is of itself harmless should be tried before the knife is resorted to. Many oculists and physicians tell their patients they must wait till they go blind slowly, without doing anything, through all the moral suffering of getting blind in order to try and get their sight again. Many oculists scout the idea that cataract can be cured, and why? Because they have not tried? Because an operation is brilliant in its results (if successful) it pays better, and—well—they "do not know of any medicines that will cure it anyway." The fact is their fingers "itch for the knife" and they have not the patience for the undertaking of a cure by the slower, less brilliant, but much more satisfactory method. There are no limits defining the boundaries of the curable. The impossible of yesterday may become the possible of to-morrow.

Everything is impossible until it is tried. Some diseases classed as absolutely incurable a decade ago are now classed among the easily cured, and that cataract is a curable disease is attested by scores of physicians of all schools. It is an admitted fact that cataract patients have been cured by going to Carlsbad and using the waters there. "This is well known in Vienna and is not denied. Yet I never heard of a single Vienna oculist sending a cataract patient to Carlsbad with a view to its cure. I believe it never strikes them, so accustomed are they to hear that cataract can only be removed with the knife. Dr. Burnett, Vienna. Dr. Lopez, of Segura, reports 118 cases of cataract treated with Segura waters; of these 14 were cured, 65 relieved, 15 received benefit and of the 24 the result is unknown. Dr. Walther, an English oculist, was frank enough to concede some cures to the use of electricity. Dr. Guthrie, of London, says: "The possibility of the recovery of the transparency of the lens after it has become partially opaque must be admitted." Dr. Buchan once claimed to have absorbed a cataract by giving the patient frequent purges of calomel, keeping a poultice of fresh hemlock constantly upon the eye and a perpetual blister upon the neck. Deliver us! The remedy is worse than the disease. Speaking of ridiculous medicines, we may mention some which the ancient physicians have extolled, such as the juice of live millipedes. Think of it! Others used "rabbit oil," also burnt sugar, vitriol, pounded glass, and the gall of the sturgeon. But to return to modern times.

Prof. Foucher, of Paris, in lecturing to his class upon certain forms of cataract, said: "These opacities may be dissipated by extinguishing with antiphlogistics and revulsives the inflammation that engenders them." Dr. Foucher's treatment was harsh, painful and often disfiguring. It consisted of blisters, revulsives and counter-irritants, but therewith he cured twenty cases without operations. How much better is the method of to-day, which accomplishes like results by gentler means? An Italian oculist, Dr. Quadri, accomplished several cures of cataract with a local application which he made to the temples. It sometimes took years to complete the cure by his revulsive treatment, but it showed cataract was curable, and that is what so many surgeons deny. Dr. Groudet, of Paris, used Dr. Quadri's lotion with equal success. But it must be noted that when used alone it is generally slower in its action than when combined with constitutional remedies. I have used my lotion on one lady and in a few months was a perfect cure. Dr. L. Monremans, of Brussels, has reported the following case: Mrs. M. L., age seventy-seven: "Had been blind four years. In consequence of a cold she was attacked with inflammation of the conjunctiva, and from that time her vision became more and more feeble. She saw spider webs continually in the air, objects appeared to be enveloped in a thick mist; the light of a candle was encircled by a halo. Her vision was better in the evening, but artificial light was intolerable." When she came for treatment in April she could

hardly distinguish light from darkness; the crystalline lens was of a whitish color and uniformly shaded. Constitutional medicine was given. May 16 reported improvement. Could distinguish light. August 4, could see objects, but they appeared distorted. March 2, could distinguish persons, but they seemed enshrouded in a mist. April 30, continued improvement. At the end of May the patient, overjoyed at her condition, informed us that she could readily distinguish all objects, even the letters in a book. Two months later she informed us that her vision had improved to such a degree that she could thread her needle, could sew, and could read with ease."

Dr. Bernard, of France, has reported 13 cases of cataract with improvement in vision and 5 more which were arrested, internal medicines alone being used. Dr. Marting, of Flanders, successfully treated 9 cases of hard cataract with the same remedies. Dr. Jahr, who practiced in Germany a generation ago, used the same remedies and has written briefly of his success and mentions a case of infantile and one of senile cataract cured by internal medication alone. Dr. Kirsch, of Germany, narrates the case of a man aged 81 with cataract of the right eye and blind. He used the remedies of Dr. Malan for nearly two years. Slowly the eye became moist, then vision began to improve and finally the cataract entirely disappeared. Old cases do not yield readily and this case shows the effect of persistent treatment. He also gives several other cases of perfect cures. An old

Vienna oculist recommended his patients to drink plenty of brandy to hasten the ripening of cataract. Conversely, if my bibulous patients will not let intoxicants alone while undergoing treatment I will not take their cases. Dr. Burnet, of London, has reported several cases of nuclear cataracts of several years' standing and perfect cures resulted by absorption and internal remedies. "As for ophthalmic surgeons," he says, "I expect nothing but sapient smiles from them. They say they never find anything but an operation of any avail, and this is perfectly true. Why? Forsooth, they never try anything else! A cataract cannot be operated upon until it is ripe; then why not try the medical treatment during the ripening process? In order to obviate the long waitings and the anxiety which has caused many persons to become prematurely blind, the writer has given a score of years to practical investigation, treating hundreds successfully, and the result of present methods proves beyond question that a majority of all diseases of the eyes or lids can be cured without the use of the knife and without risk. Time is an important element in the treatment of cataract. It is very rare indeed that a perfect cure is effected in less than one year. This is never the case, except in incipient cataract. Nay, more, many cases which afterward clear up entirely show not the least improvement for from six to twelve months. Nor is this time lost. Constitutional causes are being removed. The nutrition of the lens is being re-established. The system is being put into

a condition in which it can replace the opaque with clear lens matter. And all this takes time. Again, in old cases, the opacity may be nearly all dissipated before the vision begins to clear in the least. After that the restoration of sight is rapid enough. I treated one case of cataract for seven months without a particle of improvement, so far as the patient could see, but during the next two months the cataract entirely disappeared.

Obedience on the part of the patient is a factor of the utmost importance. "Whatever is worth doing is worth doing well."

If the patient is to be the physician why should he employ me? If he knows more than the specialist it is foolish for him to commit his case to my care. Implicit following of instructions to the latter, day by day, is the *sine qua non* of success in this treatment. While it is true our absorbent cataract lotion stands pre-eminently as a curative agent locally, there are a number of remedies which correspond to the diatheses of cataract patients and which, in removing the predisposing causes of the affection, will aid nature in restoring the transparency of the lens. In order to arrive at a scientific accuracy in prescribing, and this is absolutely necessary if we would achieve success, we must take within the scope of our vision the entire body. As ocular reflexes are felt to the farthest bounds of the system, so far every organ of the body may send reflexes to the eye through the sympathetic nerves. As cataract is an evidence of defective nutrition, and as the nutrition is derived from the blood,

and as every organ is washed by the same current, so each may influence all.

Cataract is in its nature a dermoid degeneration. Skin diseases are subject to frequent metastases, or changes of location, and we find cataract often developing after a suppression elsewhere of some skin eruption, foot sweat or an habitual discharge. Contrawise, the cure of a cataract is often attended with the breaking out of the original ailment. A famous New York oculist, the late Dr. Norton, said: "The objective indications are nearly or entirely absent, as we cannot decide from the appearance of an opaque lens what remedy is required," hence only a few cataract symptoms are given. The patient therefore should look through this list and set down carefully and exactly the numbers of the symptoms which exist in his case. This done, it is the simplest thing in the world not only to determine the constitutional required, but also the order in which these remedies should be given.

THE CATARACT.

Congenital, 3115.

Senile, 21126.

Traumatic, 1126.

Begins after typhus fever or suppressed menses, 941.

After inflammation of the eyes, 1479.

Capsular, 677.

Incipient, 11415.

Partial, 317.

VISION.

See things as through a gauze, 3205.

Movements as of insects before eyes, 204.
Black spots or sparks before the eyes,

11214.

Vision better on a dark day, 418.

Things look red, 511.

Intolerance of sunlight, 11511.

Intolerance of artificial light, 9102122.

Flickering of sight, 1223.

Near objects and sounds appear at a distance, 1796.

EYES.

Scrofulous sore eyes, 7310.

Sore eyes, with dread of light, 705.

Constant desire to rub eyes, 21720.

Watery, excoriating discharge, 131020.

Burning in the eyes, 9401.

Sensation of coldness in eyes, 31116.

Stitching pain in eyes, 9125.

Dryness of eyelids, 720.

Hurts to move eyes, 252.

Frequent blinking, 2030.

Upper lids droop over eyes, 214.

White of eyes a dirty yellow, 2231.

Sensation as of sand in eyes, 5120.

Lids stick together in morning, 4310.

Mucus on cornea obscuring vision temporarily, 320.

SKIN.

Skin unhealthy; small wounds do not heal readily, 7603.

Dry, husky, scaly skin, 109.

Moist eruptions, 7311.

Eruptions oozing a sticky fluid, 732.

Small, red, itching pimples, 410.

Moist, itching, offensive eruption on scalp, 9710.

- Violent itching and burning of skin, 1001.
Syphilitic eruptions, 1024.
Ringworms, tetter, 514.
Erysipelas, 71018.
Dark (mothy) patches on face and chest,
1447.
Fissures or cracks in palms of hands, 1253.
CONSTITUTIONAL CONDITIONS.
Profuse perspiration about head, 30010.
Constant heat on top of the head, 7113.
Head cold at night, must be covered, 636.
Tendency to headaches and boils, 406.
Slow dentition in childhood, 337.
Tongue shows imprints of the teeth, 1038.
Teeth loosened; gum receding, 1032.
Profuse offensive saliva, 1070.
Goitre, 8316.
Dry catarrh of nose, 41413.
Fluent catarrh, 101320.
Very offensive catarrh, 2410.
General catarrhs, bland thick yellow dis-
charges, 1542.
Chronic sore throat, 12410.
Loss of voice, 5210.
Cannot breathe lying down, 217.
Cough relieved by drinking cold water, 244.
Glands painful, swollen, 831011.
Difficult urination, 1145.
Painful urination, 1746.
Involuntary urination when coughing,
21513.
Red sand in urine, 96514.
Ravenous hunger, with emaciation, 813.
Great weakness of digestion, 3026.
Very weak and faint about 11 a. m.; must
eat, 8601.

Belching much wind after eating, 8526.

Much rumbling in bowels, 7906.

Great craving for salt, 313.

Bitter taste in mouth, 604.

Burning in stomach, 601.

Great coldness in stomach, 519.

Abdomen bloated after light meal, 950.

Abdomen protrudes, 703.

Great soreness in region of liver, 60310.

Frequent unsuccessful desire for stool,
9102.

Bleeding hæmorrhoids, 3110.

Constant pain under right shoulder blade,
1522.

Tender sore places in chest, 1523.

Palpitation of the heart, 39813.

Neuralgia, especially in the heart, 325.

Varicose or enlarged veins, 11512.

Menses too soon and profuse, 31626.

Menses, intermitting, changeable, 515.

Rheumatism in warm weather, 1960.

Irratic pains, rapidly shifting, 1561.

Weary, heavy feeling in feet, 412.

Cold, damp feet, 309.

Feet so hot puts them out of bed at night,
164.

Offensive foot sweats, 6114.

Cold, clammy sweat at night, 1006.

Flushes of heat followed by perspiration,
171.

Wants doors and windows always open,
115.

Very sensitive to draughts, 7206.

Very sensitive to cold and dampness, 6310.

Great liability to take cold, 8613.

Worse at night and in damp weather, 1071.

Nervous debility, trembling, 51314.
Emaciated, with swollen abdomen, 3821.
Epileptics, 904.
Dizziness when lying down, 1011.
Nervous people, 21615.
Old people, 81311.
Fat people, 307.
Cold people, 615.
Stoop-shouldered people, 175.
Indifferent to one's work and family—dependent, 5314.
Empty feeling in stomach not relieved by eating, 914.
Menses preceded by sore throat, 478.
Menstrual flow only at night, 413.
All symptoms worse every third week, 476.
Spine painful to pressure, 6301.
Sour stomach, 94111.
Profuse night sweats, 3610.



1881